

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Power City Water Co-Op PWS ID# 41-00375
 Month/Year 12/2025 Entry Point: EP-A for Well Required Minimum Residual 0.4

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	3:14 PM	Well	1.80	2992 gals
2	12:57 PM	Well	1.83	5610 gals
3	3:58 PM	Well	1.75	5984 gals
4	3:51 PM	Well	1.78	0
5	9:09 PM	Well	1.73	5460.4 gals
6	4:16 PM	Well	1.77	5610 gals
7	1:14 PM	Well	1.78	0
8	4:28 PM	Well	1.73	5984
9	4:47 PM	Well	1.68	5610
10	3:35 PM	Well	1.64	0
11	3:53 PM	Well	1.59	5310.8 gals Added 1 gal cl2
12	3:09 PM	Well	1.55	0
13	7:03 PM	Well	0.49	510 gal Tsmkmbp952
14	2:36 PM	Well	0.51	0
15	10:22 PM	Well	1.65	5460.4 gals Took vol + TSM
16	3:45 PM	Well	1.67	3291.2 gals Encouraging pump
17	3:14 PM	Well	1.71	2318.8 gals
18	12:59 PM	Well	1.72	4039.2 gals Encouraging pump
19	4:28 PM	Well	1.74	1496 gals
20	4:11 PM	Well	1.71	5310.8 gals
21	3:35 PM	Well	1.70	0
22	2:32 PM	Well	1.69	5385.6 gals 1 gal cl2
23	1:54 PM	Well	0.92	0
24	12:19	Well	0.49	5610 gal
25	1:14	Well	0.68	1340.4 * pumping
26	10:04	Well	0.94	4089.2
27	6:07	Well	0.72	5460.4
28	3:18 PM	Well	1.77	0
29	3:05 PM	Well	1.79	5385.6 gals
30	5:28 PM	Well	1.72	613.36 gals
31	5:46 PM	Well	1.81	6833.6 gals Added cl2

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 DRINKING WATER SERVICES

Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? ☒ Yes ☐ No
 If yes, what was the longest time period until the required level was restored? _____ Hours - If > 4 hours, Drinking Water Pr notified by end of next business day.

GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to ____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.	GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach grab sample results and submit them with this form.	Date continuous equipment failed: ____/____/____ Date it was returned to service: ____/____/____
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Printed Name: Marlene Merritt Title: Pres/manager Operator Certification #: _____
 Signature: Marlene Merritt Phone #: (541) 944-2711
 Date: 1/2/26 Small Groundwater System